

DEPARTMENT OF PATHOLOGY  
BAYNE-JONES ARMY COMMUNITY HOSPITAL  
FORT POLK, LA 71459  
PHONE: 531-3400

**GLUCOSE TOLERANCE TESTING INSTRUCTIONS**

**Dear Patient;**

Your one hour glucose result was above normal. This means you need to have further testing for possible diabetes. This test is called a three (3) hour glucose tolerance test. This test requires you to be on a special diet for three days prior to having the test done. This diet increases your carbohydrate intake and increases the accuracy of the laboratory testing.

Each day you must eat at least the following:

Starch/Bread	6 servings
Vegetables	3 servings
Milk	2 servings
Meat	2 servings
Fruit	2 servings

You may eat in addition to this but, the above servings are the required minimum. A list of food choices has been included for you on the next (center) page. You may also eat foods that are not listed, but remember that you must have the minimum servings listed to have accurate test results.

On the evening of the third day, you must not eat anything after 8:00 p.m. at night. You may drink water.

On the date and time of your appointment, you need to report to the lab, on the second floor, to have your test drawn. **Do not eat anything prior to the test.** A fasting blood test will be drawn. Then you will be given the glucola to drink. Following this a 1 hour, 2 hour, and 3 hour sample will be collected. Remember not to eat anything until after the 3 hour test is completed. **Also do not smoke.** You may drink up to 8-12 oz of water (~1cup) in between each blood sample. You must remain in the Laboratory waiting area during the entire testing.

The laboratory is open Monday thru Friday from 8:00 a.m. till 4:00 p.m., except on holidays. You must present yourself to the lab on time to start your test. You will need to plan your diet so that you can have your test done on this day. For example, to do the test on Tuesday, you will need to be on the diet Saturday, Sunday, and Monday.

If you have any questions, call the laboratory at 531-3400.

**APPOINTMENT TIME:**

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

The following is a list of the foods that should be included in your daily diet to insure a high carbohydrate diet. You can have more than is indicated, but you must have at least the minimum amount of servings.

STARCHES / BREADS  
You have 6 choices each day.

1/2 cup of pasta or rice	1/2 muffin, bagel
1 small potato	2 small pancakes
1 small cupcake	3 cups un-buttered popcorn
1/2 cup starchy vegetables (corn, peas, squash)	3/4 oz pretzels or chips
1/2 cup cooked cereal	1 granola bar
1 slice of french toast	1/2 hamburger or hot dog bun
3/4 cup ready to eat cereal	1/2 cup cooked dried beans
1 hot roll	1 slice of bread
1 square corn bread	1 donut

=MILK GROUP  
You have 2 choices each day.

1 cup milk (8 oz) skim or low fat	1 cup yogurt (8 oz) (nonfat)	1/2 cup frozen yogurt
1 cup chocolate milk (4 oz)		1/2 cup ice cream
1/2 cup pudding		

FRUIT GROUP  
You have 2 choices each day.

1 fruit juice bar (frozen)	1 1/2 cup canned fruit
1 small piece of fruit	1/4 cup dried fruit or raisins
1/2 cup fruit juice	

MEAT AND SUBSTITUTES  
You have 2 choices each day.

1 oz cooked poultry, fish or meat	1/4 cup cottage cheese
1 egg	1/4 cup tuna or salmon
1 Tbsp. peanut butter	(water packed)
1/8 of a large pizza	

VEGETABLE GROUP  
You have 3 choices each day.

1/2 cup cook vegetables, vegetable juice	1 cup raw vegetables
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**LAB HOURS: 0800-1630 HOURS**  
**THE LABORATORY IS OPEN THRU LUNCH HOURS**

MISCELLANEOUS

1 serving Cake with icing  
1 brownie  
1 can soda (12 oz) non dietary  
1 oz chocolate candy  
1 oz hard candy

\*Avoid things like ice cream, soda, koolade, candy, chocolate, pies, cakes, cookies, and brownies the night before the test.

**FASTING INSTRUCTIONS**

Your Physician has ordered laboratory test(s) for you. To insure that the most accurate results are obtained, you must prepare for the test(s).

DO NOT **Eat, Drink, or Smoke** anything except water and/or any prescribed medications that you might be taking, after 2100 hours (9:00 PM) the night prior to the test.

Report to the laboratory between 0730-0900 hours, Monday thru Friday.

**COLLECTION OF SPECIMENS FOR SEMEN ANALYSIS**

The analysis of semen (sperm) is an important test in the evaluation of fertility and, therefore, these instructions must be followed.

- Specimens must be received in the laboratory NLT 0900 hours.
- The semen sample is collected following a three day period of abstinence (no intercourse, etc.).
- NOTE:** Please consult your physician first. He may recommend a different period of abstinence before semen collection.
- A plastic cup must be obtained from the laboratory to collect the specimen in.
- The specimen should be collected (via masturbation) in room 2576, located behind the laboratory, and delivered to the laboratory within 15 minutes after the collection.

**NOTE:** Saliva impairs viability of sperm.

- If you have any questions about these instructions, or the test itself, please call the laboratory at 531-3400 or your physician.
- If you are unable to keep your appointment, please call and cancel as soon as possible.